

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3		2				
4		2				1
5		0				
6		0				
7		0		3		3
8		0		3		3
9		0				
10		0		3		3
11		0		3		3
12	1		1		1	
13	1		1		1	
14		2		2	2	2
15		0		2	2	2
16		0		2	2	2
17		0				
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31				1	1	1
32				1	1	1
33				2	2	2
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TOTAL IND.	3		3		3	
TOTAL DEP.	17		23		23	
TOTAL CLAIMS	20		26		26	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy